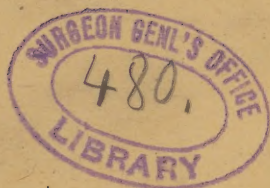
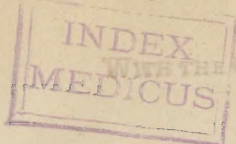


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TWO CASES OF FRACTURE
OF THE BODY OF THE SCAPULA.







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*TWO CASES OF FRACTURE OF THE BODY OF THE
SCAPULA.*

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ACCORDING to Dr. Lewis A. Stimson ("Treatise on Fractures," page 345), fracture of the scapula is estimated to form about one per cent. of all fractures, and is about six times as common in men as in women. He also states, in the great majority of cases the patients so injured have ranged from twenty to fifty years of age.

CASE I.—H. G., American, male, aged 16; student; weight, 130 pounds; height, 5 feet 7 inches. January 4th, 1891, in coming down stairs, fell and struck right scapula against edge of one of the wooden steps of staircase. Pain experienced upon attempt at motion was so great patient was unable to rise without assistance. When conveyed to his room, complained of constant pain in shoulder; relieved by supporting the arm at the elbow. The family physician, after diagnosing injury and applying temporary dressing, advised patient to seek surgical aid.

I saw patient the day following, when he still complained of pain, which was greatly aggravated by touch to, or attempted motion of, injured part. The skin was discolored over the scapula and the part swollen. Upon motion, I thought I was able to elicit crepitus. The lower portion of the body of the bone presented an unnatural ridge, which I took to be the overlapping edge of the fracture. As the swelling and pain present were marked, and prevented full and satisfactory examination, the family not caring to have ether given, I thought it wiser to apply an evaporating lotion, and await developments, knowing in a day or so the tumefaction and pain would disappear.

After applying lead water and laudanum, a pad of oakum enclosed in lint was applied over the body of the scapula, and another beneath the humerus, in the axilla;



dressings was retained in position by adhesive straps. The humerus was fixed in a vertical position to the side of the chest, with the forearm in a sling at right angles to the arm.

The following day the case was redressed, the "wet dressing" being omitted as tenderness and swelling were considerably lessened. I was also able to elicit crepitus by fixing the shoulder with one hand and grasping with the other the inferior angle of the bone, and moving it back and forth.

Subsequently dressings were applied every third day. In two weeks a ridge of firm callous could be felt extending along the seat of the fracture. It was rendered more prominent by the overlapping of the fragments, which is a frequent complication of this accident.

At the end of a month all dressings were removed, and in six weeks from date of the injury the patient discharged, with perfect use of arm and shoulder; union of fracture perfectly strong.

CASE 2.—R. N., Irish, male, aged 45; liveryman; weight, about 180 pounds; height, nearly 6 feet. March 20th, 1891, while partially intoxicated and driving rapidly, the seat of the carriage broke and patient was thrown to the ground. He was picked up and conveyed to the Episcopal Hospital, where he was seen by Dr. Thos. R. Neilson, who pronounced the injury fracture of scapula.

Not desiring to remain in the hospital, the patient came under my care. He did not complain of much pain at any time; crepitus could be plainly elicited. The same dressing was applied as in the former case.

In a month's time, the mobility of the arm and shoulder was as perfect as before the receipt of the injury, and the fracture firmly united.

The good results obtained in these cases were due, no doubt, to the position of almost absolute rest enjoined upon the scapula by the dressing applied.

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